ACADEMIC RE-EVALUATION REQUEST
Office of the Registrar

(PLEASE PRINT)

Family Name ___________________________  Concordia I.D. Number ________________
First Name ___________________________  Date of Birth ____________________
                                          DAY  MONTH  YEAR
Home Telephone ________________________  Degree (e.g. BA) ______________________
                                          AREA CODE __________________________
Business Telephone ______________________  Programme (e.g. History) ______________
                                          AREA CODE __________________________
E-mail ________________________________  ________________________________
FAX ________________________________

NOTE: Please inform the Office of the Registrar if you change your address.

INSTRUCTIONS: Completed application is to be brought to the Birks Student Service Centre (SGW – LB 185).
The fee is $40 payable by money order or debit card (Interac).

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>NUMBER</th>
<th>SESSION</th>
<th>SECTION</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
</table>

Be sure to indicate what it is (examination, term paper, etc.) you wish re-evaluated and what informal attempts toward re-evaluation have been made. Give SPECIFIC reasons why you are seeking re-evaluation. Before completing this section, it is recommended that you read the section(s) in the undergraduate or graduate calendar entitled “Academic Re-evaluation Procedures”.

Student’s Signature ___________________________  Date ___________________________